

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for dates of service 01/07/02 through 02/11/02.
 - b. The request was received on 06/28/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/31/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/01/02. The response from the insurance carrier was received in the Division on 08/07/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Undated letter
“While originally stating that the documentation was ‘N – NOT APPROPRIATELY DOCUMENTED’ and required ‘FLOW SHEETS’ to appropriately document the patient’s treatment the non licensed peer reviewer failed to inform the Requester what ‘FLOW SHEETS’ were, what documentation was required on the ‘FLOW SHEETS’ and also failed to cite where these ‘FLOW SHEETS’ were required and or mandated in the Texas Insurance Code, TWCC Rules and/ or Advisories. TWCC Rule 133.301 (c) disallows the use of generic statements to deny payment for services. In requiring these non-specific ‘FLOW SHEETS’ for one half of the treatment and paying the other half of the same CPT code is an illegal method of adjusting the services rendered. The Respondent has described what they want in a ‘Flow Sheet’ how ever this information is being relayed to the Requestor at a point in time that requires the Requester to file the MDR...”
2. Respondent: Letter dated 08/07/02
“This dispute concerns physical therapy modalities rendered between 1-7-01 and 2-11-02. Carrier has disputed these services for several reasons. First, the documentation submitted by the provider did not document that all the billed services were performed. The documentation also failed to show that treatment modalities that required physician supervision were done under such supervision. Second, the medical documentation did not establish that the level of treatment rendered and the time was reasonable and necessary as medical treatment.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 01/07/02 through 02/11/02.
2. Per the provider’s TWCC-60, the amount billed is \$2,604.00; the amount paid is \$630.00; the amount in dispute is \$1,974.00.
3. The carrier denied the billed services by code, “N-NO FLOW SHEETS TO SUPPORT ONE AND A HALF EXERCISE OR MEDICAL NECESSITY FOR G.T. OR REASON FOR ABSENCE OF HOME EXERCISE PROGRAM.”
“N-NO FLOW SHEETS TO SUPPORT 2 HOURS OF EXERCISE.”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/07/02	97116	\$84.00	\$0.00	N for all CPT codes in dispute	\$38.00 ea. 15 minutes	Rule 133.307 (g) (3) (B); MFG MGR CPT descriptor	When determining whether or not reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the medical dispute file, no documentation of the procedures billed for the DOS were found to support that the service was rendered as billed. Rule 133.307 (g) (3) (B) requires a copy of pertinent medical records or other documentation relevant to the fee dispute. No reimbursement is recommended.
01/07/02	97110	\$70.00	\$0.00		\$35.00		
01/09/02	97112	\$140.00	\$0.00		ea. 15		
01/11/02	97211	\$140.00	\$0.00		minutes		
01/14/02	97112	\$70.00	\$0.00		for CPT		
01/14/02	97110	\$140.00	\$70.00		codes		
					97110, 97112, 97530		
01/16/02	97112	\$70.00	\$0.00				
01/16/02	97110	\$140.00	\$70.00				
01/18/02	97112	\$70.00	\$0.00				
01/18/02	97110	\$140.00	\$70.00				
02/22/02	97112	\$70.00	\$0.00				
02/22/02	97110	\$140.00	\$70.00				
01/23/02	97112	\$70.00	\$0.00				
01/25/02	97112	\$70.00	\$0.00				
01/28/02	97112	\$70.00	\$0.00				
01/28/02	97530	\$140.00	\$70.00				
02/07/02	97112	\$70.00	\$0.00				
02/07/02	97530	\$140.00	\$70.00				
02/11/02	97112	\$70.00	\$0.00				
02/11/02	97530	\$140.00	\$70.00				
01/23/02	97530	\$70.00	\$0.00	N for CPT codes in dispute	\$35.00 ea. 15 minutes for each CPT codes.	Rule 133.307 (e) (1) (A); CPT descriptor	The provider failed to submit Request for Reconsideration HCFA-1500 with the initial request for medical dispute resolution. No additional reimbursement is recommended.
01/25/02	97530	\$70.00	\$0.00				
02/04/02	97112	\$140.00	\$70.00				
02/04/02	97530	\$70.00	\$0.00				
Totals		\$1,764.00	\$630.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 4th day of December 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm